

**Humane Society of Ventura County Spay/Neuter Clinic
Canine Admission Form and Waiver**

Owner Name: _____ **Address:** _____ **Zip Code:** _____
Phone number to reach you TODAY: (____) _____ **Alt:** (____) _____ **Email:** _____
Dog Name: _____ **Sex:** M/F **Breed:** _____ **Color:** _____ **Age/DOB:** _____

Has your dog eaten anything since midnight yesterday? Yes/No If yes, explain: _____
Is your dog currently sick? Yes/No If yes, explain: _____
Has your dog had any medical issues in the past? Yes/No If yes, explain: _____
Is your dog on any medications? Yes/No If yes, explain: _____
If your dog is female. Has she had a litter? Yes/No If yes, how many puppies? _____+
If your dog is a female over six (6) months, when was she last in heat? _____

Services requested:

- Surgery (spay/neuter). Spaying a pregnant dog will terminate its pregnancy. If your dog is a female and we suspect, BEFORE surgery, that your dog is pregnant, do you want her spayed? YES/NO (circle one)
- Microchipping (\$ 15 to Implant, includes registration). I give the Humane Society of Ventura County permission to register my name, phone number, address, and email address and my pet's name, age, sex breed and color with BeKind PetFind. *Initial here _____
- Trimming dog's nails (no charge)
- Vaccinations (\$5 Rabies, \$15 DHPP, \$15 Bordetella):

If checked, list any adverse reactions your dog has had to a vaccine: _____

If not checked, I certify by signing below that my dog was vaccinated within one (1) year prior to the date below or waive my right to have my dog vaccinated or request recommended vaccines. I understand vaccines take up to two (2) weeks to protect my dog. I understand the inherent risk in failing to keep vaccines current and waive all claims arising out of or in connection with a spay/neuter surgery performed on a dog without current vaccines. I further understand any Dog bites will be reported to Animal Control and I am responsible for any injury, civil or criminal liability resulting therefrom.

Release and Acknowledgment:

The Humane Society of Ventura County, a California nonprofit corporation and any veterinarians it may designate or staff, employees, agents, affiliates, or representatives of either (collectively, the "Society"), uses qualified staff and approved equipment and materials for all spay/neuter procedures. By signing below, I acknowledge the following:

1. I am the owner of the dog described above (my "Dog"), or am authorized by any owner(s) to have my Dog undergo the procedures. I request and authorize the Society to perform the procedure(s) specified above on my Dog.
2. I understand that the risk of injury or death from a procedure or the use of anesthetics, drugs, and certain equipment in providing a procedure, while very low, is always present. I understand that some conditions, including pregnancy, heat and diseases such as heartworms, significantly increase surgical risk.
3. I understand that the Society may refuse to perform a procedure on my Dog if performing the procedure poses a significant health risk to my Dog or a danger to the Society's designated veterinarian, staff, employees, agents, affiliates or representatives.
4. I understand that the Society may not perform a complete physical examination before surgery is performed. I also understand that my Dog will not receive pre-operative bloodwork and hereby waive my right to have this service performed prior to surgery at a full-service veterinarian.
5. I understand that if I fail to retrieve my pet at the agreed-on time, the Society may either turn my Dog over to Ventura County Animal Services or board my Dog, if space permits, for a boarding fee of no less than Fifty Dollars (\$50) per night. I understand that after-hours emergency care is NOT available on-site at the Society.
6. I hereby release the Society from any and all claims or damage arising out of or in connection with the performance of the procedure(s) or any adverse reactions from vaccination. I have not and will not claim any right of compensation from any such persons or file actions or suits by reason of such sterilization or attempted sterilization of my Dog or any consequences thereof. I hereby agree to indemnify, defend and hold harmless the Society for any damages caused during transportation of my Dog or by unforeseeable events, including fire, vandalism or other crimes committed by third parties, extreme weather, natural disasters or acts of God.
7. I have read and understand the foregoing, and the information provided above is accurate, complete and correct.
8. I understand my dog will receive a permanent tattoo as an indication of sterilization

SIGNED: _____ Date: _____

Would you like to help us "Spay it Forward" by making a donation to further subsidize spay/neuter services for at-risk animals? Yes! Please add \$ _____ to my invoice as a donation. No, thank you